YEAR

CALIFORNIA FORM

## Homeowner 2007 Assistance Claim (for income received in 2006)

u				
J	V	V	v	

				<b>,</b>			
STEP 1	Your f	irst name	Initial	Last name		1 1 1	
Name and	Spous	se's first name	Initial	Last name			
address	Prese	nt home address — number and street, PC	Box, P	MB, or rural route no.		Apt. no	
Place / label here,	City t	own, or post office					
type, or print	City, ti	own, or post office			Otate 211 Code		1 1 1
STEP 2				1 Your		IMPO	RTANT:
Social security number (SSN)	Your SSN			Spouse's SSN			ır SSN equired.
STEP 3	1.	Are you a United States			• 1.	YES	□ NO
Filing		If you checked "Yes," skip li If you checked "No," go to I					
status	2.	Benefit Eligibility for Nor	citiz	ens	• 2a.		
				nited States, go to page 10. In us for the United States, ente		Alien Sta	tus Code
		your alien status code from	the	chart on page 10 on line 2a.		Alien Reg	
				on number on line 2b and you ates on line 2c. (MM/DD/YYY		Num /	lber /
	3.			u were <b>one</b> of the following of		Date of	f Entry
		A. 62 years or older (S	ee pa	age 5, line 3A)	A		
		B. Under 62 and blind.			в		
				not blind)			
		If you cannot check one of file for a Homeowner Assis		oxes, STOP HERE. You do no e claim.	t qualify to		
	4.	Enter your date of birth (			• 4.	Date o	f Birth
				h MM DD YYYY e <mark>e if you must attach a proof o</mark>	document to	2 4.0 0	
		your claim.					
STEP 4	5.	Did you own and live in y December 31, 2006?	our l	home on	5.	YES	□NO
<b>Property</b>		If "No," STOP. You do not o		y for homeowner assistance			
information		a. Enter the NET value o		ır property.	<b>●</b> 5a	\$	
from	6.	· •		al and/or business	$\sim$	Ψ	
2006/2007 tax bill						YES	☐ NO
tax biii		property devoted to your p	ine e ersor	nal use. See page 6	▶ 6a.		%
	7.	List name(s) and relation yourself, who is included	ship	(s) of anyone, other than			
		See page 7.	Ī			Did this per	rson live in in 2006?
		Name		Relationship		YES	NO
				•			
		Name		Relationship		YES	NO
		Name		Relationship		YES	NO
		Enter your percentage of	own	ership	▶7.		%

STEP 5 Yearly income of	On line 8 through line 13 below, enter y Include the income of your spouse and other household members on page 7 a	l certain other househ nd page 8.	old membe	ers. See ins (Dollar	structions for s) (Cents)				
household members	8. Social Security and/or Railroad Ret	irement	<b>8.</b>						
	9. Interest, Dividends, and/or Gain (or				1				
	10. Pensions, Annuities, and IRA distri	butions	10.						
	<ul><li>11. SSI/SSP, (Gold Check). See page 7. (full-year total)</li><li>12. Rental and Business Income (or Lotal)</li></ul>				1				
	<ul><li>13. Other Income (including wages, sp</li><li>14. Subtotal. Add line 8 through line 13. (yearly income before adjustments.)</li></ul>	ouses income). See pa	age 7 <b>13</b> .						
	<ul> <li>15. Adjustments to Yearly Income. See (If you do not have any adjustments to to line 16.).</li> <li>16. TOTAL YEARLY HOUSEHOLD INCO Subtract line 15 from line 14</li></ul>	o income, enter zero and	d go						
	Do you receive Temporary Assistance Aid to Families with Dependent Childre	for Needy Families, for en (AFDC)?	rmerly	YES	□ NO				
<b>STEP 6</b> Homeowner calculation	17. HOMEOWNER CALCULATION Enter 1% of line 5a. See page 8 to see		<b>○•17.</b>		operty tax bill.				
and assistance claimed	You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.								
Ciaiiiieu	18. Homeowner assistance claimed. (Cannot exceed \$472.60). See page	p <mark>tional)</mark> e 17	■ 18.						
	Reminder								
	If this is your first year filing a Homeowr of your age, disability, or blindness.								
	If you filed a claim last year and are und temporary disability if you did not receive				your				
STEP 7 Signature, date, and telephone number	Caution: To avoid delay of your check, be s FRANCHISE TAX BOARD, PO BOX 94288 I authorize the Franchise Tax Board to match my nam process my claim, against information gathered from p federal agencies to confirm my eligibility for the Homeo Under penalties of perjury, I declare that this claim and	6, SACRAMENTO CA 94 e and the information provided ublic records, the files of the Downer Assistance Program. I all statements regarding my el	4286-0904. herein, as well epartment of He ligibility and citizen	as information ealth Services, zenship or alier	necessary to and other state or a status, including				
	accompanying schedules and any additional information true, correct, and complete. By signing this claim, I aut pursuant to this claim, to the address listed in step one	horize the Franchise Tax Board							
	Print Name								
Sign Here	XClaimant's signature			Date					
	Claimant's Daytime Telephone Number •_(	)							
Paid Preparer's	PREPARER'S SIGNATURE ▶	Date Check self-er	mployed	r's social security n	umber/PTIN				
Use Only	FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS		FEIN						
	Do not write in this space	] [	TELEPH						
	20 not mile in ano opaco	L	<b>D</b>	I A	R RES				

## Line 7 - Names on Your Property Tax Bill

List the name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. Indicate whether they lived in your home in 2006 by checking "Yes" or "No."

Enter 100% as your percentage of ownership if the name(s) listed on your 2006/2007 property tax bill include only your spouse or any of the following persons related to you or to your spouse:

- Parents
- Children or their spouses
- · Grandchildren or their spouses

Death or divorce ends the relationship of any individual above who is related to the claimant only by marriage.

You may file only one claim per household each year. Only one owner-claimant is entitled to payment per year. When two or more individuals of a household meet the qualifications, they should decide who will file the claim.

If your interest in your property is a recorded life estate, you are entitled to assistance on the tax assessed on your property.

Complete the following worksheet only if there are owners on your 2006/2007 property tax bill other than the relatives listed above and each owner has an equal percentage of ownership. If each owner does not have an equal percentage of ownership, do not complete the worksheet. Instead, go to line 7 of form FTB 9000H and enter your percentage of ownership.

1.	Total number of owners listed on your 2006/2007 property tax bill 1.	
2.	Number of owners, other than those listed above who did not live with you during the period January 1, 2006, through December 31, 2006	
3.	Subtract line 2 from line 1	
4.	Divide the amount on line 3 by the amount on line 1. This is your percentage of ownership of the home. Enter this percentage on form FTB 9000H, line 7 4.	

## **Worksheet to Figure the Amount of Homeowner Assistance,** Form FTB 9000H

and enter the percentage of assistance here ...... 8. X

6. Enter the smallest percentage from line 2, line 3, or line 4 above.

7. Multiply the amount on line 5 by the percentage on line 6. Enter this amount

9. Homeowner assistance. Multiply the amount on line 7 by the percentage

8. Find your total household income on the Homeowner Assistance Schedule below

If you want, we will figure the amount of homeowner assistance for you. You may, however, figure this amount by completing line 1 through line 9 for those items that apply to you. Complete only if the net value of your property as shown on your 2006/2007 property tax bill is more than \$34,000. % 2. Divide \$34,000 by the amount on line 1 above (100% maximum) . . . . . . . . . . . . 2. Complete only if your property is used for rental and/or business purposes as well as for your personal use. 3. Enter the percentage of your home devoted to your personal use shown % Complete only if there are owners (other than you, your spouse, the parents, children, and grandchildren [or their spouses] of you or your spouse) listed on your property tax bill who do not live in your home. 4. Enter the percentage of your ownership shown on form FTB 9000H, line 7...... 4. Figure the amount of homeowner assistance.

%

## **Homeowner Assistance Schedule**

	l household me is	If your total household Your income is		Your	
From	То	percentage of assistance is	From	То	percentage of assistance is
\$0	\$10,691	139%	23,525	24,237	59%
10,692	11,403	136%	24,238	24,950	54%
11,404	12,117	133%	24,951	25,661	49%
12,118	12,830	131%	25,662	26,373	45%
12,831	13,543	128%	26,374	27,089	41%
13,544	14,257	125%	27,090	27,801	36%
14,258	14,969	122%	27,802	28,513	32%
14,970	15,682	119%	28,514	29,226	29%
15,683	16,395	116%	29,227	29,938	26%
16,396	17,109	113%	29,939	30,651	23%
17,110	17,819	110%	30,652	31,363	20%
17,820	18,533	106%	31,364	32,077	17%
18,534	19,247	100%	32,078	33,860	15%
19,248	19,960	94%	33,861	35,641	12%
19,961	20,672	88%	35,642	37,424	10%
20,673	21,384	83%	37,425	39,206	9%
21,385	22,097	77%	39,207	40,987	7%
22,098	22,810	71%	40,988	42,770	6%
22,811	23,524	65%	\$42 <u>,</u> 771	And Óver	0%